Test Scenario #6

Primary Taxpayer: **Test A. Hoagie** SSN: 400-00-**4219**

Secondary Taxpayer: Tuna S. Hoagie SSN: 400-00-4269

Filing Status: 2 – Married, filing separately on a combined return

Family Size: 2

Tax Due – Direct Debit requested for 4/15/2013

Test Scenario #6 includes the following forms:

- Form 740
- Schedule M
- Schedule P
- Form 4972-K
- Form 8879-K

Supporting forms include:

- Form 1040
- W-2
- Form 1099-R (2)

Special Instructions:

- Taxpayer's age is over 65 year old
- Standard Deduction
- Foreign country address



KENTUCKY INDIVIDUAL INCOME TAX RETURN

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x 20% (.20)



	For	calendar year or other taxable year beginning _	, 2012, and ending, 2	20		Full-Year Reside	nts U	nıy	20	12
	Na	A. Spouse's Social Security Number	B. Your Social Security Number	-		DRI 6				
		ailing Address (Number and Street including Apartment y, Town or Post Office	Number or P.O. Box) State ZIP Code			61	5 7	Z		
	1 2 3 4	Married, filing joint return.	combined return. (If both had inc		bove	POLI Designating \$2 will Democratic Republican No Designation	not cha A. (1	PARTY F ange you Spouse 1) 2) 3)	ır refund or ta	irself
		OME/TAX Enter amount from federal Form 1040, lir	ne 37; 1040A, line 21 or		A. Filing	Spouse (Use if Status 2 is checked.)		B.	Yourself (or Joint)	
		1040EZ, line 4. (If total of Columns A and may qualify for the Family Size Tax Cred	B is \$30,657 or less, you it. See instructions.)			00	• 5			00
		Additions from Schedule M, line 8				00	• 6			00
À		Add lines 5 and 6				00	7 • 8			00
ב ב		Subtractions from Schedule M, line 20				00	• 8 9			00
ו סף רמנ		Subtract line 8 from line 7. This is your Ke Itemizers: Enter itemized deductions from Nonitemizers: Enter \$2,290 in Columns A	n Kentucky Schedule A.			00	• 10			00
2	11	Subtract line 10 from line 9. This is your				00	• 11			00
ופ – כנמה	12	Enter tax from Tax Table, Computation o Check if from Schedule J		12		00	12			00
ב	13	Enter tax from Form 4972-K 🔲 ; Schedu	lle RC-R 🔲	• 13		00	• 13			00
0		Add lines 12 and 13 and enter total here				00	14			00
וומ		Enter amounts from page 3, Section A, lin		15		00	15			00
٠	16	Cubtract line 15 from line 14 If line 15 is	larger than line 1/1 enter zero	16	1	100	1 10			100

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero......

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero......

25 Enter Child and Dependent Care Credit

from federal Form 2441, line 9 ➤ _

Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B • 17

19 Add tax amount(s) in Columns A and B, line 18 and enter here

20 Check the box that represents your total family size (see instructions before completing lines 20 and 21).......

21 Multiply line 19 by Family Size Tax Credit decimal amount __. __ (____%) and enter here

22 Subtract line 21 from line 19.....

23 Enter the Education Tuition Tax Credit from Form 8863-K.....

24 Subtract line 23 from line 22.....

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero

28 Add lines 26 and 27. Enter here and on page 2, line 29

Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions) • 27



RE	FUND/TAX PAYMENT SUMMARY			
29	Enter amount from page 1, line 28. This is your Total Tax Liability	• 29		00
30	(a) Enter Kentucky income tax withheld as shown on attached 2012 Form W-2(s) and other supporting statements	00		
	(b) Enter 2012 Kentucky estimated tax payments • 30(b)	00		
	(c) Enter 2012 refundable certified rehabilitation credit (KRS 141.382(1)(b)) • 30(c)	00		
	(d) Enter 2012 film industry tax credit (KRS 141.383)	00		
31	Add lines 30(a) through 30(d)	• 31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
Fu	nd Contributions; See instructions. (Enter amount(s) che	ecked)		
33	Nature and Wildlife Fund	00		
34	Child Victims' Trust Fund	00		
35	Veterans' Program Trust Fund □ \$10 □ \$25 □ \$50 □ Other • 35	00		
36	Breast Cancer Research/Education Trust Fund ☐ \$10 ☐ \$25 ☐ \$50 ☐ Other • 36	00		
37	Add lines 33 through 36	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2013 ESTIMATED TAX	• 38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	• 39		00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	• 40		00
41	(a) Estimated tax penalty and/or interest. Check if Form 2210-K attached 41(a)	00		
	(b) Interest	00		
	(c) Late payment penalty	00		
	(d) Late filing penalty	00		
42	Add lines 41(a) through 41(d). Enter here	• 42		00
43	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE	43		00
	Make check payable to Kentucky State Treasurer or visit www.revenue.ky.gov for more options.		OFFICIAL USE ONL	Y
	Write your Social Security number and "KY Income Tax—2012" on the check.			PWR

SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS		A. Spouse			B.	Yourself	
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1		00	1			00
2	Enter Kentucky small business investment credit	2		00	2			00
3	Enter skills training investment credit (attach copy(ies) of certification)	3		00	3			00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4		00	4			00
5	Enter credit for tax paid to another state (attach copy of other state's return(s))	5		00	5			00
6	Enter unemployment credit (attach Schedule UTC)	6		00	6			00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	7		00	7			00
8	Enter Kentucky investment fund credit (attach copy(ies) of certification)	8		00	8			00
9	Enter coal incentive credit	9		00	9			00
10	Enter qualified research facility credit (attach Schedule QR)	10		00	10			00
11	Enter GED incentive credit (attach Form DAEL-31)	11		00	11			00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	12		00	12			00
13	Enter biodiesel and renewable diesel credit	13		00	13			00
14	Enter environmental stewardship credit	14		00	14			00
15	Enter clean coal incentive credit	15		00	15			00
16	Enter ethanol credit (attach Schedule ETH)	16		00	16			00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17		00	17			00
18	Enter energy efficiency products credit (attach Form 5695-K)	18		00	18			00



SEC	CTION A—BUSINESS INCENTIVE AND	OTHER TAX	CREDITS (contin	ued)	A. Spouse		\neg	B. Yo	ourself	
19	Enter railroad maintenance and improv	vement credi	it (attach Schedu	le RR-I) 19		00	19			00
	Enter Endow Kentucky credit (attach S					00	20			00
	Enter New Markets Development Prog					00	21			00
22	Add lines 1 through 21, Columns A and	d B. Enter he	re and on page 1	, line 15 . 22		00	22			00
SEC	TION B-PERSONAL TAX CREDITS	Check Regu	ılar Check bo	th if 65 or over	Check both if blin	d				
	(a) Credits for yourself:		олоок во	1			Enter n	umber of		
	(b) Credits for spouse:						boxes o			
2	Dependents:							umber of ents who:	_	
	First name Last name		Dependent's Social Security num	Depende relations ber to you	ship child for fami	ly	• lived	with you		
			I I					ot live with		
			1 1				(000		/·····	
			I I				other	dependent	s	
			l I I I						_	
3	Add total number of credits claimed or	n lines 1 and	2.			2	F=+==+	otal credits.		
	If married filing separately on a combin	ned return (F	iling Status 2), e							
	own credits from line 1, divide the cred					. [ouse	Yourse	elt
	filers enter the amount from line 3 in B	юх 3В				>	•3A	`	•3B	
	Multiply credits on line 3A by \$20 and				•			x \$20		\$20
	enter on line 4B. Enter here and on pag	ge 1, line 17,	Columns A and	В			4A		4B	
	TION C-FAMILY SIZE TAX CREDIT (Li	st the name	and Social Secui	rity number of q	ualifying children t	hat are no	ot claim	ned as de _l	oendents	in
First	name Last name	Socia	I Security number	First name	Last name			Social Sec	urity numbe	er
			1 1 1 1					1 1	 	
			<u> </u>				+	1	I I	
			I I]]	I I	
Atta	ach a complete copy of federal Form 10	40 if you rec	eived farm, busi	ness, or rental ir	ncome or loss. If no	t required	d, chec	k here.]	
to th	e undersigned, declare under penalties ne best of my knowledge and belief, it is provisions of Regulation 103 KAR 17:02 all taxes accruing under this return.	true, correct	t and complete. I	also understand	and agree that our	election	to file a	a combine	d return	unde
						()			
Your	Signature (If joint or combined return, both mu	st sign.) Spo	ouse's Signature		Date Signed			e Number (d		
Туре	ed or Printed Name of Preparer Other than Taxpa	ayer	I.D. Number o	f Preparer	Date			7/	12	
Firm	Name		EIN		Date	6	/ *			
	Mail to: REF	UNDS	Kentucky Dep	artment of Rev	venue, Frankfort,	KY 4061	8-000	6.		

Kentucky Department of Revenue, Frankfort, KY 40619-0008.

PAYMENTS

2012

00

Form **740** 42A740-M

Department of Revenue > Attach to Form 740.

20 Total Subtractions. Enter here and on

Form 740, page 1, line 8.....

KENTUCKY FEDERAL ADJUSTED GROSS INCOME MODIFICATIONS

En	ter name(s) as shown on tax return.		Your Soc	ial Sed	curity Number
Р	ART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME		A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)
1	Enter interest income from bonds issued by other states and their political subdivisions.	1	00	1	00
2	Enter self-employed health insurance deduction from federal Form 1040, line 29	2	00	2	00
3	Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	3	00	3	00
4	Enter federal depreciation from Form 4562	4	00	4	00
5	Enter federal Net Operating Loss	5	00	5	00
6	Enter federal domestic production activities deduction from federal Form 8903, line 25	6	00	6	00
7	Other additions (list and enter total): (a)				
	(b)	7	00	7	00
8	Total Additions. Enter here and on Form 740, page 1, line 6	8	00	8	00
P	ART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME				
9	Enter state income tax refund or credit reported as income on federal Form 1040	9	00	9	00
10	Enter interest income from U.S.	10	00	10	00
11	Enter excludable amount of retirement income	11	00	11	00
12	Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))	12	00	12	00
10		13	00	13	00
	Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars	13			
15	(cafeteria plan) Enter resident adjustment from partnerships,	14	00	14	00
	fiduciaries and S corporations, Schedule K-1	15	00	15	00
16	Enter Kentucky depreciation from revised Form 4562	16	00	16	00
	, , ,	17	00	17	00
18	Enter Kentucky domestic production activities deduction (see instructions)	18	00	18	00
19	Other subtractions (list and enter total): (a)				
	(b) (c)	19	00	19	00

20

SCHEDULE P



2012

42A740-P

Department of Revenue

Use this form to calculate excludable retirement income.

KENTUCKY PENSION INCOME EXCLUSION

➤ Attach to Form 740, 740-NP or 741.

Enter name(s) as shown on tax return.

Your Social Security Number

Complete this schedule and file with Form 740, 740-NP, or 741 if:

- 1. your taxable pension and retirement income from all sources is greater than \$41,110; and
 - (a) you are retired from the federal government, the Commonwealth of Kentucky or a Kentucky local government; or
 - (b) you receive supplemental (Tier 2) U.S. Railroad Retirement Board benefits.
- 2. you file Form 4972-K, Tax on Lump-Sum Distributions.

All others,	STOP. you de	o not need to	complete	Schedule P.	See instructions	for Schedule N	I, line 11.
-------------	--------------	---------------	----------	-------------	------------------	----------------	-------------

PART I—EXEMPT RETIREMENT INCOME (Do Not Include Income From Deferred Compensation Plans)

1.		er on line (a) or (b) the amount of federa							
		dit earned before January 1, 1998, and s							
		0, line 16(b) (Form 1040A, line 12(b)). Als ned before January 1, 1998.	so include fedei	ral or Kentucky dis	sability retirement	income attri	butable	to service o	credi
		If date of retirement is before January	1. 1998. enter h	ere.					
	(4)	-		0.0.	Date				
		Names of P	ayers		of Retirement	A. Spouse	· В	Yourself	
							++		
					Total ➤				
	(b)	If date of retirement is after December	21 1007 soo th	o instructions					
	(D)		Date	Taxable	Exempt				
		Names of Payers	of Retirement	Pension	Percentage	A. Spouse	В	Yourself	
							T^{T}	<u>- </u>	
							\bot		
					Total ➤		$\perp \perp \perp$		
	(c)	Add lines 1(a) and 1(b)			(c)				
PΑ	RT II	OTHER RETIREMENT INCOME (Am	ounts Not Incl	uded in Line 1(c))					
2.	Ente	er the total of taxable retirement income	not included in	n line 1(c) above a	s reported				
		ederal Form 1040, line 15(b) and 16(b) (•				
		er disability retirement income or deferr							
	104	0, line 7 (Form 1040A, line 7)			2				
PA	RT III	-TOTAL TO BE EXCLUDED THIS YEA	AR						
3.	Ente	er the lesser of line 2 or \$41,110			3				
4.		l lines 1(c) and 3. Enter here and on Sch					+++		
		10(b) or Form 741, line 11)							
	Joir	nt filers—Combine lines 4(a) and 4(b) ar	nd enter on appi	ropriate form.		L			

Stop here unless you have a lump-sum distribution reported on Form 4972-K.

4972-K42A740-S21
Department of Revenue

➤ See federal instructions.

Attach to Form 740, Form 740-NP or Form 741.

KENTUCKY TAX ON LUMP-SUM DISTRIBUTIONS

(From Qualified Plans of Participants Born Before January 2, 1936)

Enter name of recipient of distribution.

Social Security or Federal Identification Number

PAF	RT I—Qualifications—An individual who qualifies to file federal Form 4972 qualifies to file Form 4972-K.			
1.	Are you filing federal Form 4972?		☐ Yes	□ No
	If "yes," you are qualified to file Form 4972-K. If "no," do not complete the rest of this form. See instru	ctions for	•	
DAI	Schedule M, line 11 (Form 740-NP, page 4, line 10(b)). RT II—Excludable Lump-Sum Income—Complete this part after you have completed Schedule P.			
_	Enter the amount from Schedule P, line 3			
3.	• •			
4.				
5.				
6.		७ ├		
/.	Amount of line 5 to be applied to regular lump-sum distributions. Subtract line 6 from line 5.	7		
ΡΔΙ	Enter here and on line 12	/		
	(a) Capital gain part from Box 3, Form 1099-R	8(a)		
0.	(b) Enter the exclusion from line 6			
	(c) Subtract line 8(b) from line 8(a). Enter here and include on Schedule M, line 7	. 0(5)		
	(Form 740-NP, page 4, line 16, Column B or Form 741, Schedule M, line 3)	8(c)		
ΡΔΙ	RT IV—Complete this part to choose the 10-year option.	. 0(0)		
_	Ordinary income from Form 1099-R, Box 2a minus Box 3. If you did not complete Part III, enter the			
٥.	amount from Box 2a of Form 1099-R (taxable amount) (see federal instructions)	9		
10	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996			
	Subtract line 10 from line 9 (total federal taxable amount)			
	Enter the exclusion from line 7			
13	Subtract line 12 from line 11 (total Kentucky taxable amount)			
	Current actuarial value of annuity, if applicable (from Form 1099-R, Box 8)			
	Add lines 13 and 14 (adjusted total taxable amount). If this amount is \$70,000 or more, skip lines 16			
	through 19, and enter this amount on line 20	15		
16.	Multiply line 15 by 50% (.50), but do not enter more than \$10,00016			
	Subtract \$20,000 from line 15. Enter difference. If line 15			
	is \$20,000 or less, enter zero			
18.	Multiply line 17 by 20% (.20)			
	Subtract line 18 from line 16 (minimum distribution allowance)	19		
20.	Subtract line 19 from line 15	20		
21.	Federal estate tax attributable to lump-sum distribution. Do not deduct on Form 740, Form 740-NP or			
	Form 741 the amount attributable to the ordinary income entered on line 9 (see federal instructions)	21		
22.	Subtract line 21 from line 20	22		
	If line 14 is blank, skip lines 23 through 25 and go to line 26.			
23.	Divide line 14 by line 15 and enter the result as a decimal (round to four places)	23		
24.	Multiply line 19 by the decimal amount on line 23	24		
25.	Subtract line 24 from line 14	25		
26.	Multiply line 22 by 10% (.10)	26		
27.	Tax on amount on line 26. Use the tax rate schedule in the instructions	27		
28.	Multiply line 27 by 10. If no entry on line 14, skip lines 29 through 31, and			
	enter this amount on line 32	28		
	Multiply line 25 by 10% (.10)			
30.	Tax on amount on line 29. Use the tax rate schedule in the instructions	30		
31.	, , , ,	31		
32.	Tax on lump-sum distribution. Subtract line 31 from line 28. Enter here and on Form 740, line 13			
	or Form 741, line 17(b). Form 740-NP, include tax in the amount on Form 740-NP, page 1, line 14.			
	(multiple recipients, see federal instructions)	32		



KENTUCKY INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

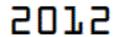
2012

Department of Revenue

Declaration Co	ntrol Number	(DCN)					
Taxpayer's Name					Та	expayer's Social Security num	ber
Spouse's Name					s	pouse's Social Security numb	er
PART I—Tax Return	n Information (W	hole Dollars Only)			A Spouse	B Taxpayer	1/
Kentucky taxable	e income	740, line 11	740-EZ, line 3		.00	.00	K
2. Total tax liability		740, line 28	740-EZ, line 10	6 2		.00	∃Ε
3. Total payments		740, line 31		3		.00	J 🟲
4. Refunded to you		740, line 39	740-EZ, line 15	4		.00	¬N
5. Amount you owe	e	740, line 43	740-EZ, line 16	5		.00	」 □
PART II—□ Direct	Deposit of Refur	d or 🗆 Direct I	Debit of Tax Amou	ınt Due (See I	nstructions)		」 T
6. Routing transit n				e first two numbe through 12 or 21	rs of the RTN must through 32.	be	U
7. Depositor accoun							1/
8. Type of account:	O	J				<u>M/DD/YYYY</u>	K
·	sit—Will these funds	nic banking regulation be going to an account lome from an account lo	t outside of the Unite	d States?	estions. Yes □ No Yes □ No		Υ
PART III — Declarati	on of Taxpayer (Sign only after Par	t I is completed.)				
If I have filed at 12. I do not want of 13. I authorize the financial institute Department of involved in the related to the part of	i joint return, this is a direct deposit of my Exentucky Department of the light of	an irrevocable appoints refund or am not received and its sed above for payment 1-4581 no later than two ectronic payment of ta and that if the Kentuck III applicable interest a information I have given ging lines of the electrolete. I consent to my Education I consent to the Kentuck III applicable interest a secondary to the electrolete. I consent to the Kentuck III applicable interest to the Kentuck III applicable interest a secondary III applicable interest a secondary III applicable interest and I	ment of the other spo ving a refund. designated Financial of my state taxes owe be business days prior taxes to receive confide y Department of Reve nd penalties. ven my electronic returnic portion of my 20 ERO or transmitter se cky Department of Re	Agent to initiate ad on this return. To the payment (cential information nue does not recurr originator (El 12 Kentucky incending my return evenue sending revenue sending return ovenue sending retur	to receive the refu e an ACH electroni To revoke a paym debit) date. I also an n necessary to ans eive my full and tin RO) or transmitter ome tax return. To and accompanyin my ERO and/or tra	c funds withdrawal entrent, I must contact the Kuthorize the financial inswer inquiries and resolved and the amounts in Partent the best of my knowleng schedules and staternsmitter an acknowledge	ry to the entucky titutions e issues liability, I above dge and nents to
Your Signature (If joint or co	mbined return, both mus	t sign) Spouse	s's Signature		Telephone N	lumber (daytime) Da	te Signed
PART IV—Declarati	ion and Signatur	e of Electronic Ret	urn Originator and	l Paid Prenare	<u> </u>	-	
I declare that I have re If I am only a collector, completed, I declare th this form before I subm have followed all other 2012). If I am also the p	viewed the above to I am not responsible that I have verified the nit the return. I will grequirements in Kerbaid preparer, under	expayer's return and the for reviewing the return at the taxpayer's proof of a five the taxpayer a copy tucky Publication KY-1 penalties of perjury I of	nat the entries on For urn and only declared ccount and it agrees y of all forms and info 345, Kentucky Handb declare that I have ex y are true, correct and	m 8879-K are co that this form ac with the name sl rmation to be file ook for Electronia mined the about d complete. This	implete and correct curately reflects the hown on this form ed with the Kentuc c Filers of Individua re taxpayer's retur	ct to the best of my kno te data on this return. If i. The taxpayer will have ky Department of Reveral Income Tax Returns (7 n and accompanying scied on all information of Check	Part II is e signed nue, and Tax Year hedules which I
ERO's Use Only				_	o paid preparer.		pioyeu.
Firm's name (or	Signature		Date			I.D. Number of ERO	
yours if self-employed) and address					FEIN ZIP code		
Paid Preparer's Use Only	_			Check if sel			
Firm's name (or	Preparer's Signature		Date	_	_	I.D. Number of Prepare	er
yours if self-employed)					FEIN		
and address					ZIP code		

55555	a Employee's social security number	OMB No. 1545-	-0008			
b Employer Identification number (EIN)		1 Wages, ti	I Income tax withheld		
c Employer's name, address, and a	ZIP code		3 Social se	ecurity wages	4 Social	security tax withheld
				e wages and tips		are tax withheld
			7 Social se	ecurity tips	8 Allocat	ed tips
d Control number			9		10 Depen	dent care benefits
e Employee's first name and initial	Last name		11 Nonqual	-	12a	
		L	13 Statutory employee	Pletinement Third-party plan sick pay	0	
			14 Other		12c	
					12d	
f Employee's address and ZIP cod	e					
15 state Employer's state ID num	ber 16 State wages, tips, etc.	17 State Income	tax 18	Local wages, tips, etc.	19 Local incor	me tax 20 Locality name

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service

	VOID CORRE	UII	EU				_			
PAYER'S name, street address, city, state, and ZIP code			Gross distribut		6	20 12 om 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
	,	2b	Taxable amour			Total distributio			(Copy 1
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)		4			Та		For e, City, r Local rtment
		\$			\$					
RECIPIENT'S name		5	Employee contri /Designated Ro contributions or insurance prem	th	6	Net unrealized appreciation in employer's sec				
Street address (including apt. no	A	\$	Distribution	IRAV	\$ 8	Other	<u> </u>			
order address (modeling apr. no	-9	ľ	code(s)	SEP/ SIMPLE	\$	Culci	%			
City, state, and ZIP code		9a	Your percentage distribution	of total %		Total employee con	tributions			
40 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 \$	State tax withhe	Md	13	State/Payer's st	tate no.	14 :	State dist	tribution
\$		\$						\$		
Account number (see instructions)		15	Local tax withhe	eld	16	Name of localit	у	-	Local dist	tribution
•		\$						\$		
		\$						\$		

	VOID CORRE	UII	EU				_			
PAYER'S name, street address, city, state, and ZIP code			Gross distribut		6	20 12 om 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
	,	2b	Taxable amour			Total distributio			(Copy 1
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)		4			Та		For e, City, r Local rtment
		\$			\$					
RECIPIENT'S name		5	Employee contri /Designated Ro contributions or insurance prem	th	6	Net unrealized appreciation in employer's sec				
Street address (including apt. no	A	\$	Distribution	IRAV	\$ 8	Other	<u> </u>			
order address (modeling apr. no	-9	ľ	code(s)	SEP/ SIMPLE	\$	Culci	%			
City, state, and ZIP code		9a	Your percentage distribution	of total %		Total employee con	tributions			
40 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 \$	State tax withhe	Md	13	State/Payer's st	tate no.	14 :	State dist	tribution
\$		\$						\$		
Account number (see instructions)		15	Local tax withhe	eld	16	Name of localit	у	-	Local dist	tribution
•		\$						\$		
		\$						\$		

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

<u></u>	0.3.	muividuai medi	iiie ia	x vernii		- OM	B NO. 15	45-0074 IRS 08	se Only—	Do not write or staple in th	is space.
For the year Jan. 1-Dec	c. 31, 201 ⁻	1, or other tax year beginning			, 2011, e	ending		, 20	S	ee separate instruct	ions.
Your first name and initial				ne					Y	our social security nu	mber
If a joint return, spouse's first name and initial				Last name						pouse's social security r	number
Home address (num	ber and s	street). If you have a P.O. b	ox, see in	structions.				Apt. no). A	Make sure the SSN(s	s) above
										and on line 6c are of	
City, town or post office	e, state, a	and ZIP code. If you have a for	eign addre	ss, also complete	e spaces below (s	see instructio	ns).			Presidential Election Ca	mpaign
•		•	Ü	,			,			eck here if you, or your spous	. •
Foreign country nam	ι Α			Foreign r	province/county			Foreign postal c	joir	ntly, want \$3 to go to this fund	d. Checking
r oreign country mair				1 oreign p	novince, county			Torcigit postar c	ab	oox below will not change you und.	_
											Spouse
Filing Status	1	Single								g person). (See instruction	
	2	Married filing jointly (even if only one had income) the qualifying person is a child								t not your dependent, er	nter this
Check only one	3	Married filing separa		er spouse's S	SSN above			ame here.			
box.		and full name here. ► 5 Qualifying widow(er) with								`	
Exemptions	6a	Yourself. If some	one can	claim you as	a dependent,	do not ch	neck bo	х 6а		Boxes checked on 6a and 6b	
	b	Spouse	<u> </u>						<u></u> .	No. of children	
	С	Dependents:		(2) Depende	, ,	Dependent's tionship to yo	' laur	✓ if child under against it is a factor of the child tax. ✓ if child tax. ✓ if child tax. ✓ if child under against it is a factor of the child under against it. ✓ if child under		on 6c who: • lived with you	
	(1) First	name Last name)	social security number re			ou que	(see instructions)		 did not live with 	_
										you due to divorce or separation	
If more than four dependents, see										(see instructions)	
instructions and										Dependents on 6c not entered above	
check here ▶										Add numbers on	
_	d	Total number of exem	ptions cl	aimed						lines above	
Income	7	Wages, salaries, tips,	etc. Atta	ch Form(s) W	-2				7		
	8a	Taxable interest. Atta	ch Sched	dule B if requ	ired				8a		
	b	Tax-exempt interest.	Do not i	nclude on line	e 8a	8b					
Attach Form(s)	9a	Ordinary dividends. A	ttach Sch	nedule B if re	guired				9a		İ
W-2 here. Also attach Forms	b	Qualified dividends				9b					
W-2G and	10				and local inco				10		·
1099-R if tax	-11	Taxable refunds, credits, or offsets of state and local income taxes							11		
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ							12		
	13	Capital gain or (loss).							13		
If you did not	14	Other gains or (losses). Attach	Form 4797 .	·				14		
get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	15a	IRA distributions .	15a			b Taxab	le amou	nt	15b)	
	16a	Pensions and annuities	16a			b Taxab	le amou	nt	16b)	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E									
	18	Farm income or (loss). Attach Schedule F							18		
	19	Unemployment comp							19		
	20a	Social security benefits						nt	20b)	
	21	Other income. List typ	e and ar	nount					21		
	22	Combine the amounts in	the far ri						22		
	23	Educator expenses				23					
Adjusted	24	Certain business expens	es of rese	ervists, perform	ing artists, and						
Gross Income		fee-basis government of	ficials. Atta	ach Form 2106	or 2106-EZ	24					
	25	Health savings accoun	nt deduc	tion. Attach F	orm 8889 .	25					
	26	Moving expenses. Att	ach Forn	n 3903		26					
	27	Deductible part of self-e	mployme	nt tax. Attach S	Schedule SE .	27					
	28	Self-employed SEP, S	SIMPLE, a	and qualified	plans	28					
	29	Self-employed health				29					
	30	Penalty on early withd				30					
	31a	Alimony paid b Recip				31a					
	32	IRA deduction				32					
	33	Student loan interest				33					
	34	Tuition and fees. Attac	ch Form	8917		34					
	35	Domestic production ac	tivities de	eduction. Attac	h Form 8903	35					
	36	Add lines 23 through 3							36		
	37	Subtract line 36 from						•	37		